Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

\m	endme	nt	٦
	Yes	⊠ No	_

This form must be accompanied by forms CRO-3100 and CR	O-3500 (when amending, only re-submit if applicable).
1. Committee Information	c. ID Number
a Full Name	是一种的一种,我们就是一种,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Committee to Elect Sammy b. Mailing Address (include City, State and Zip Code)	, ME noill
h Mailing Address (include City) State and Zin Code	d. Date Organized
DOEL NO 705 HUW	
2851 NC 705 HWY Robbins, NC 27325	2/20/18
Kobbins, NC 27020	e. Phone Number
	910-964-5030
2. Candidate Information	Candidate's Primary Committees e. Candidate ID Number f. Party Affiliation
a. Full Name	e. Candidate ID Number 1. Party Affiliation
C TIMENIN	Tempican)
Sammy Dale ME Neill	(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought
2851 NC 705 HWY.	Moore County Board of Education
Robbins, NC 27325	Moore County Board of Education District III
c. Phone Number d. Email Address	h. Next Election Year i. Jurisdiction
910-464-5030 hhyouthmissions@gmail +c	0010
Email copy of notices	nu 2018
3. Treasure: Information	4: Custodian of Books Information
a. Full Name	a. Full Name
ACCOUNT AND ASSOCIATION OF CONTROL OF CONTROL OF A CONTRO	To All Mach
James Allen Mashburn	James Allen Mashburn
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
124 Simlin Street	124 Simlin Street
Robbins, NC 27325	Robbins, NX 27325
c. Phone Number d. Email Address	c Phone Number d. Email Address
CHROCATOR SOCIAL CONTROL SANCTOR CONTROL TO CONTROL CO	30 Mar 10
910-215-7371 allen. mashburn@icloud. com	1/0-215-7371 allen.mashbum@kbud.com
I prefer to receive notices by email Yes No	☐ Email copy of notices
5. Assistant Treasurer Information 4 Add	6. Account Information (mal @RO-3500) Add.
a Full Name RECEIVED	a. Financial Institution Full Name
NECEIVED	First Bank
b. Mailing Address (include City, State; and Zip Code)	b. Purpose
1 AR 0 1 2018	General operating Acct.
	General 1
ca Plicae Cupter - Ha (Espair Address	c. Account Code d. Type
	# A Cheeking Acct.
■ Email copy of notices	Jackery 1967.
CERTIFICATION	
I certify that the Committee or Fund is in compliance with	all applicable provisions of Article 22A, 22B & 22D-22M of
Chapter 163 of the NC General Statutes and that no funds	are commingled with prohibited or other non-disclosed funds.
I further certify that this report is complete, true and correct	et.
Town All All States	11 Men Morlibur - 2-28-18
James Allen Mashburn Printed Name of Signer	gnature of Appointed Treasurer Date
Litting rame or Signer	Divining as a black or transmission



N@RTH CAROLINA

State Board of Elections & Ethics Enforcement

RECEIVED

MAR	0	Ĭ	2018
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Certification of Treasurer

MOORE BOE

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

0 - 400,000	
124 Simlin Street	
Robbins, NC 27325	
910-215-7371	
	Sammy D. McNeill J. Allen Mashburn 124 Simlin Street Robbins, NC 27325

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

3-1-18 Date Signed

Signature of Candidate

Do not use this form to update in 1. Committee information	formation.		e constant and the second	
I. Committee Information a. Full Name				c. ID Number
Committee to		nmy Mej	Neill	According to the second of the
b. Mailing Address (include City, State	and Zin Code)	rajecio de la composición de la la composición de la la composición de la composición de la composición de la c La composición de la	1999 1910 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d. Date Filed
2851 NC 705	Hwy			2-20-18
2851 NC 705 Robbins, NC 27	732.57			e. Phone Number
				910-464-50
2: Report Year 3. Period Start	Date (mm/dd/yy) 4. Pe	riod End Date (mm	/dd/yy) 5. Treasure	r Full Name
2018 2-20-	-18 :	3-1-18	James &	Hlen Mashburn
6) Type of Committee (Check O		f Report (check o		rt from one category) <
Candidate Campaign Party		State/	County	Referendum
			Organizational	Organizational
Independent Expenditure Joint		· · · · · · · · · · · · · · · · · · ·	Quarterly	Pre-referendum Final
Legal Expense Fund	Pre-pri	· 1==	First Second	Supplemental Final
7. Type of Fund (I applicable)			Third	Annual
Booster Fund	Semi-a	mnual 🔲	Fourth	Special
Building Fund	1		Semi-annual	
		ear End	Mid Year Year End	10 Special Report Na
Other: 8 Numbers of Fundraisers this:	Report Specia		rear end Final	
	Coports Decin		Special	
11. Account Information	1		Information	
a. Financial Institution Full Name		The state of the s	stitution Full Name	4
First Bank				
b. Purpose	c. Account Code	b. Purpose		c. Account Code
	4_			
Campaign Account For Receipts and	A	o portificacion		
To Receipts will	d. Period Begin Balance	150 yr 430 		d. Period Begin Balance
Expenditures	\$ 0		<u> </u>	\$
·		and the second s		
I certify that the Committee or Fun				
of the NC General Statutes and that report is complete, true and correct	t no funds are commingle	ed with prohibited or a	other non-disclosed fi	inds. I further certify that
report is complete, true and correct	and that I have been ha		ha 11	1
Oames Alen Mass Printed Name of Sign	ibum All	MUAU JUNI Signature of Appoir	Marketure ted Treasurer	- 4 -/-/8 Date
FOR OFFICE USE ONLY			Karnenaday Kalabasa Makabasa Bangga manggara katal Magalabasa	
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Date Postmarked: Date Scanned;	F	2mployee:		Hand Delivered Electronically Filed Signer has not received mandatory training
Date Postmarked: Date Scanned: Date Port Entered: Please Note: This form ca	F	Employee: Employee: committee informa	tion such as the con	Hand Delivered Electronically Filed Signer has not received mandatory training unittee address, treasure
Date Postmarked: Date Scanned: Date Part Entered: Please Note: This form ca	Ennot be used to amend treasurer, custodian of the Statement of Organ	Employee: Committee information.	tion such as the con	Hand Delivered Electronically Filed Signer has not received mandatory training mittee address, treasure ation.

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

	of Report 3:	ID Number			
III must as with a set but all I Mile Mile III I		Company of the second s			
Committee to Elect Sammy McNeill org					
Start of Election Cycle: January 1, 2018	Total this Reporting Period	Total this Election Cycle			
4) Cash on Hand at Start	\$ 0	\$			
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1)	05) \$	\$			
6) Contributions from Individuals (CRO-I	10) \$ 297.00	\$			
7) Contributions from Political Party Committees (CRO-1)	20) \$	\$			
8) Contributions from Other Political Committees (CRO-1)	30) \$	\$			
9) Loan Proceeds (CRO-1-	10) \$	\$			
10) Refunds/Reimbursements to the Committee (CRO-L	40) \$	\$			
11) Other Receipt Sources	1. 数 1. 数 1. 数				
11a) Interest on Bank Accounts (CRO-L	50) \$	\$			
11b) Contributions from Not-For-Profit Organizations (CRO-L	50) \$	\$			
11c) Outside Sources of Income (CRO-12	50) \$	\$			
11d) Legal Expense Fund - Other Sources (CRO-12	70) \$	\$			
11e) Exempt Purchase Price Sales (CRO-12	65) \$	\$			
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and	1e) \$ 297.00	\$			
EXPENDITURES		e state the man was			
13) Disbursements	11年12月2日数1				
13a) Operating Expenditures (CRO-13	10) \$	\$			
13b) Contributions to Candidates/Political Committees (CRO-13	10) \$	\$			
13c) Coordinated Party Expenditures (CRO-13	10) \$	\$.			
14) Aggregated Non-Media Expenditures (CRO-13	<i>15</i>) \$	\$			
15) Loan Repayments (CRO-14	20) \$	\$			
16) Refunds/Reimbursements from the Committee (CRO-13		\$			
17) In-Kind Contributions (CRO-15	10) \$ 47.00	\$			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and	17) \$ 47,00	\$			
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line	18 \$250, 47. T	\$			
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-13					
21) Outstanding Loans (incl. ones from other campaigns) (CRO-14					
22) Debts and Obligations owed by the Committee (CRO-16					
23) Debts and Obligations owed to the Committee (CRO-16					
24) Account Transfers Within the Committee (CRO-17	20) \$	10.9世界,秦阳			
25) Administrative Support (CRO-17	10) \$	\$			
26) Forgiven Loans (CRO-14	40) \$	\$			
27) 48-Hour Notice Reports Sum (CRO-222		\$			
28) Contributions to be Refunded (CRO-12) CRO-1100 NC State Board of Elect	. Ta	\$ August 2008			

		om Individual		Pg ontributions unde	<u>f</u> of	(RO 1	Amendment Yes No 205 is not used	
		e (and Fund if appli	-,*				D Number	
	maittaa.	to Elect	Samo	Mend	(1)			
	ributor Informa			Add Rer	AND ASSESSMENT OF THE PROPERTY OF THE PARTY	42		
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The residence of the second	e city, state, & zip)			Pastor				
N	eal Jackson	n Tan Rd				7		
90	7 Caline	7 Town Rd. 27325	•	C. Employer's Name/Specific Field Bewah Baptist Church				
(K	oblanes, nc	21365				e. El	s 250.00	
				· .		\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Datë (mm/dd/y	уу)	k. Amount	
	A	Check			3-1-17	₿	\$ 250.00	
							\$	
					-		\$	
5-2-19-500000000000000000000000000000000000	ributor Informa			Add 🔲 Ren	Action to the second se			
	ıme, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profes	ati karan nin ninatan ninatan karan ninatan ninatan ninatan ninatan ninatan ninatan ninatan ninatan ninatan ni Tanggaran ninatan nina	d. Co	omments	
		المائد مارا	THE SECTION OF PARTY	Retire	d			
	ammy WI	New 705		c. Employer's Nan		_		
Sammy MENeill 2851 NC Hwy 705 Robbing nc 27325			More County Schools					
~	114			I by man a com		e El	ection Sum to Date	
Ro	ibbing n	C 27325		Po lice	Dept.		ection Sum to Date	
					• • • • • <u>• • • • • • • • • • • • • • •</u>	\$	47.00	
f. Prior		h. Form of Payment	i. In-Kind Descrip	tion	Dest.	\$	47.00 k. Amount	
			و مس	tion	• • • • • <u>• • • • • • • • • • • • • • •</u>	\$	47.00	
f. Prior		h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	\$	47.00 k. Amount	
f. Prior		h. Form of Payment	و مس	tion	j. Date (mm/dd/yy	\$	47.00 k. Amount \$ 47.00	
f. Prior		b. Form of Payment	Filing	tion Fee Add Rei	j. Date (mm/dd/y)	(\$ //yy)	47.00 k. Amount \$ 47.20 \$	
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In-Kind Contributions	Pi	,	A STARES	Amendment Yes No
Use this form to report non-monetary contributions, donations, goods	or services pro	vided to the commit	tee or	was a superior of the same of
Use CRO-1215 if In-Kind Contributions were or will be refund	ded within 7 da	ays.) Number
1. Committee Full Name (and Fund if applicable).	·Λ/)a / ,,	Z. 1	J MUHDEL
Committee to Elect Sam	nary /	<u> </u>	<u> </u>	
3. Contributor Information	Add ! 🔲 Re	Compression in the 20th of the Compression of the C		
	b. Type of Contr Individual	fibutor : L	c. Co	omments
(include city, state, & zip)	Candidate			
Sammy Mª Neill	Party			
Sammy McNeill 2851 (NC Hwy 705 Rubbius, NC 27325	☐ PAC		a 151	ection Sum to Date
Robbins, NC 27325	Referendum Other Recei			CONTROL STATE OF THE STATE OF T
			\$	47.00
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Market Amount
Filing Fee		2/20/18		\$ 47.00
				\$
	e e e e e e e e e e e e e e e e e e e			\$
3. Contributor Information:	The state of the s	emove.		
a: Full Name, Mailing Address & Phone	b. Type of Conti	ributor	c. Co	omments
(include city, state, & zip)	Individual Candidate			and the second s
	Party			
	☐ PAC			
	Referendum Other Recei		26/2/202	lection Sum to Date
	Other Recei	pt Source	\$	
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Market Amount
				\$
	<u> </u>			\$
				\$
3. Contributor Information	Add ∈ □ R	emove l	33	
a, Full Name, Mailing Address & Phone	b. Type of Cont	Company of the Party of the Par	c. C	omments
(include city, state, & zip)	Individual			
	Candidate Party			
	PAC			
	Referendum		d. E	lection Sum to Date
	Other Recei	ipt Source	\$	
e. Description	Line server of the State Server	f. Date (mm/dd/y)	уу)	g. Fäir Market Amount
TOTAL THE STATE OF THE COUNTY OF THE STATE O	<u></u>			\$
			- :	
	· · · · · · · · · · · · · · · · · · ·			\$
				\$
4: Total only this Page			\$	4700
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100).			\$	47.00